

<u>D</u> eposit Account <u>W</u> indow <u>H</u> elp			
Deposit Account			# 6 # 6 # # # # # # # # # # # # # # # #
Number: 501247	<b>- 19</b>	Balance Amount: 9.00	
Holder	ANGERTAL ANGELE		Land And
Name: HOEKEN	DIJK & LYNCH, LLP		රිග්
Address			
Attention:	JENS E. HOEKENI P.O. BOX 4787	JJJK	
Street:	J .O. BON 1101		
Province:			
City:	BURLINGAME		
State:	CA ▼	Postal Code: 94010	
Country:	US <b>▼</b>	Fax: 650-685-9208	
Telephone:	415-412-3322	1 <b>a</b> 1020-003-3500	
Details			
Category Code:	NONGOVNMNT	Type: REGULAR  Status	
Notification Amt:	0.00	Active Clos	sed
	1111111	YPOLITE1 111	/14/2006

11:23 Am

Document Code: IMIS Notice of Fee Due Date: Application Number: 10625145 A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee\*. If an authorization is not present, notify the application of the fee deficiency. \*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well. Insufficient payment by check or money order. Insufficient funds in deposit account 501247 ☐ Insufficient payment by credit card. ☐ Declined credit card. ☐ No authorization to charge a deposit account. 1622

Fee code(s) to be applied: Amount in holding fee code: 2622 1999 Total remaining due from applicant:

RAM Operator